

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR **USE** WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		3		3		
19		3		3		
20		3		3		
21	1		1			
22		1		1		
23		1		1		
24		3		3		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34	1		1			
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40	1		1			
41	1		1			
42						
43						
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45						
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		35	←		←
TOTAL CLAIMS			39			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						